

U.S. POSTAL SERVICE CUSTOMER SATISFACTION SURVEY

S504E

To be completed by an individual knowledgeable about the household's mail. Please base your answers only on ***your household's direct experience during the past 30 days*** – not on what you have heard from others, experienced in the workplace, learned from the news, or on experiences older than 30 days. Your answers to these questions will be kept confidential and will only be used to identify groups of similar respondents for statistical purposes.

Please follow the steps below carefully when completing this survey:

- Use a blue or black ink pen that does not soak through the paper.
- Make solid marks that fit in the response boxes. (Make no stray marks on the survey.)

RIGHT WAY ►

☒ 98

WRONG WAY ►

☐ 98

Mail You Receive

- 1** Based on your experiences during the *past 30 days*, please rate the Postal Service on each of the following aspects of your mail delivery. (PLEASE MARK ONE ANSWER BY PUTTING AN "X" IN THE APPROPRIATE BOX ☒ FOR EACH STATEMENT.)

	Excellent	Very Good	Good	Fair	Poor	Don't Know
a. Delivery of mail to the correct address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Delivery of mail in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Delivery of mail about the same time each day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Carrier was professional and courteous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The security of your mail (that it will remain unopened and safe from theft and/or loss)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The security of mail in your mailbox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Overall quality of your mail delivery service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 2** During the *past 30 days*, have you experienced the following situation with Postal Service deliveries to your residence? (IF "NO," MARK THE "NOT AT ALL" BOX. IF "YES," MARK THE BOX ☒ INDICATING HOW MANY TIMES.)

In the past 30 days?	Not at all	Once	2-3 times	More than 3 times	Don't Know
a. Received mail intended for a different address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Received statements, bills or correspondence addressed to a previous resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Received damaged mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Received magazines or newspapers later than expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Received advertising mail too late to take advantage of coupons or sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Mail delivered after 5:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Carrier did not pick up your outgoing mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Letter or package delivered to your home was left in an unsafe place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 3** In the *past 30 days*, what happened if no one was at home when your Postal carrier had a package to deliver to your household? (MARK ONLY ONE.)

You got a notice of attempted delivery and...

- ☐ you picked up your package at the post office
☐ you requested redelivery

Carrier left the package...

- ☐ with someone (Examples: neighbor, rental office, etc.)
☐ in a locked box or locker
☐ for you (Examples: on porch, near mailbox, etc.)
☐ Not applicable, no package received (*Go to Q #5*)
☐ Not applicable, someone was home (*Go to Q #5*)

- 4** Thinking about your answer to question #3, please rate how well this delivery method met your needs.

Excellent	Very Good	Good	Fair	Poor	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mail You Send

- 5** Based on your experiences in the *past 30 days*, please rate the U.S. Postal Service on each of the following:

	Excel- lent	Very Good	Good	Fair	Poor	Does not apply
a. Ease of buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Ease of mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ease of mailing a package	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Easy to decide which mailing options to use (Examples: Priority Mail, insurance, registered mail, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Ease of deciding which mailing form to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Ease of returning merchandise you ordered ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Convenient location of a post office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Convenient location of a mail collection box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Level of confidence that mail you send is received ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The time it usually takes for a letter you send to be delivered in your local area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. The time it usually takes for a letter you send to be delivered in other parts of the country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 6** Where do you normally buy stamps? (MARK THOSE THAT APPLY.)

- ☐ Post office counter
☐ Grocery store or other store
☐ Vending machine
☐ From carrier (where available)
☐ ATM
☐ Order by Mail
☐ Order by Telephone (1-800-STAMP24)
☐ Order by Internet (Stamps On Line)

- 7** How do you typically mail a package with the Postal Service? (MARK ONLY ONE.)

- ☐ Bring to post office counter
☐ Use self-service equipment at post office (vending, scales)
☐ Leave for carrier
☐ Call Postal Service to pick up
☐ Other
☐ Not Applicable

Post Office

- 8** During the *past 30 days*, how many times did you visit a post office? (MARK ONLY ONE.)

- ☐ Not at all (*Go to Question #12*)
☐ 1-2 times
☐ 3-5 times
☐ More than 5 times

- 9** During your *most recent* visit to the post office...

	Yes ▼	No ▼	Don't Know ▼
a. Did the clerk greet you pleasantly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did the clerk ask you questions to find out what you needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Was the clerk able to clearly explain the mailing services and products you needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Did the clerk suggest additional mailing services or products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes," was the suggestion helpful? ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Did the clerk thank you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Were stamp vending machines in working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 10** During your most **recent** **visit** to the post office, how long did you wait in line? (MARK ONLY ONE.)

- ☐ No wait/No line
- ☐ Less than 1 minute
- ☐ 1 – 3 minutes
- ☐ 4 – 5 minutes
- ☐ 6 – 10 minutes
- ☐ More than 10 minutes
- ☐ Don't know/Can't recall

- 11** Based on your experiences during the *past 30 days*, please rate the post office **you have visited most often** on each of the following...

[illegible]

- 12** If you know, provide the ZIP Code of the post office you visit most often. ..

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Not sure/Don't know ☐

Other Postal Services

- 13** Please mark the one response which best describes where you **normally** receive your mail. (MARK ONLY ONE.)

- ☐ Individual mail slot or mailbox at your door
- ☐ Individual curbside mailbox
- ☐ Mailbox within cluster of boxes inside a building
- ☐ Mailbox within cluster of boxes outside a building or home
- ☐ In a box at a post office (P.O. box)
- ☐ Rented box somewhere other than at a post office

- 14** In the *past 30 days*, has anyone in your household completed a **change-of-address card** so that your mail would be **forwarded** to a different address, including a temporary or vacation address?

☐ Yes, for an individual

☐ Yes, for the household

☐ No (*Go to Question # 16*)

If "Yes," please provide the 5-digit ZIP Code you forwarded your mail **from**.....

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- 15** Please rate the Postal Service on:

	Excel- lent ▼	Very Good ▼	Good ▼	Fair ▼	Poor ▼	Don't Know ▼
a. Delivery of forwarded mail within reasonable number of days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Delivery of forwarded mail to correct address ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 16** During the *past 30 days*, have you contacted the Postal Service to get information or report a problem? (IF MORE THAN ONE CONTACT, PLEASE THINK OF MOST RECENT.)

- ☐ No (*Go to Question #19*)
- ☐ Yes, to get information
- ☐ Yes, to report a problem

- 17** Thinking of your most recent contact, how did you contact the Postal Service? (MARK ONE.)

- ☐ Telephoned post office
- ☐ Telephoned a toll-free number
- ☐ Written correspondence
- ☐ E-mail/Internet
- ☐ Went to Post Office
- ☐ Spoke with carrier

- 18** Thinking of your most recent contact, rate the Postal Service on:

	Excel- lent ▼	Very Good ▼	Good ▼	Fair ▼	Poor ▼	Don't Know ▼
a. Ease of reaching some-one who could help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Being dealt with in a courteous, professional manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Speed of response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Obtaining the information or help you needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Accuracy of the information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19 Please rate the Postal Service advertising you have seen or heard in the *past 30 days*?

Excel- lent	Very Good	Good	Fair	Poor	None seen/ heard
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20 Have you accessed any Postal Service Internet page in the *past 30 days* such as www.usps.com?

☐ Yes

☐ No, have not accessed site in past 30 days (*Go to Q #21*)

☐ No, have no Internet connection (*Go to Q #21*)

► If "Yes," please rate:

	Excel- lent	Very Good	Good	Fair	Poor	Don't Know
a. Usefulness of site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Ease of finding the information you needed ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Postal site(s) as compared to other sites ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Performance

21 Thinking about all aspects of U.S. Postal Service performance during the *past 30 days*, please rate the service you have received.

Excellent	Very Good	Good	Fair	Poor	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22 Compared to other companies you have recently done business with (e.g., grocery stores, banks, department stores, other delivery services), rate the Postal Service on:

	Much better	Some- what better	About the same	Some- what worse	Much worse	Don't know
a. Waiting time in line ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Courteous and helpful employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Value for price	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Easy to use/ Convenient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Services and products meet your needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Reliable service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Secure/Trusted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Overall performance..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23 Thinking about the *past 30 days*, how satisfied are you with the U.S. Postal Service?

Very Satisfied	Somewhat Satisfied	Neither	Somewhat Dissatisfied	Very Dissatisfied	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Demographics

24 Do you operate a business from your home?

☐ Yes ☐ No

25 Is anyone in your household employed by the U.S. Postal Service or by a national company which specializes in shipping or delivery of mail or packages?

☐ Yes ☐ No

26 About how many packages or pieces of mail do you send in an average month using the Postal Service? (MARK ONE)

<input type="checkbox"/> 0-10 pieces	<input type="checkbox"/> 21 or more pieces
<input type="checkbox"/> 11-20 pieces	<input type="checkbox"/> Don't know

27 Which do you use more frequently to mail packages?

☐ Postal Service ☐ Other delivery service

28 Have you purchased any merchandise over the Internet in the *past 30 days*?

☐ Yes ☐ No

29 What is your age?

<input type="checkbox"/> Under 25 years	<input type="checkbox"/> 45-54 years
<input type="checkbox"/> 25-34 years	<input type="checkbox"/> 55-64 years
<input type="checkbox"/> 35-44 years	<input type="checkbox"/> 65 or older

30 Gender? ☐ Male ☐ Female

31 What is the highest level of education that you have completed?

☐ Did not complete high school

☐ High school graduate/GED

☐ Some college or technical school

☐ Undergraduate degree

☐ Graduate degree

32 Would you allow the Postal Service to contact you via e-mail with additional questions to improve service? (INFORMATION WILL NOT BE SHARED OUTSIDE THE POSTAL SERVICE.)

☐ Yes What is your e-mail address?

☐ No

33 Additional comments:

Is this a: ☐ Compliment ☐ Suggestion ☐ Problem

Thank you for completing this survey!